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CASE OF DIABETES MELLITUS.

BY CHARLES E. BUCKINGHAM, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE notes of the following case are particularly interesting at this time, although the case itself was not complete at the close of the record. Perhaps they may reach the eye of some physician who observed the case later, and who will give the remainder of it. I say the case is particularly interesting at this time, because the use of sugar and sugar-producing articles as food in diabetes, is now attracting attention on the other side of the water.

The records are made up to 11, A.M.

Thos. Welby, aged 38 years, married, Irish, shoemaker, intemperate, was admitted to the Hospital of the House of Industry, in this city, on the 28th of August, 1851. Reports himself sick for three years. Was in a hospital in County Galway, Ireland, for several months, for diabetes. Has at times been much improved, but latterly is failing.

Present State.—Much emaciated. Appetite very good. Constipated. Tongue moderately clean, and furrowed. Skin very dry. In twenty-two hours has taken eight pints of tea and water. Has passed about eighteen pints of urine—the first gallon high-colored, the remainder straw-colored, and the last third, quite pale. No sediment.

Has no pain. Pulse 76, and of sufficient strength. Heart-sounds normal. Is a little deaf in both ears, without apparent cause. Deafness has been present during whole of sickness. No affection of external ears. Cough slight. Has expectorated nummulated sputa, about two ounces in the last twenty-two hours, which mostly sinks in water. Percussion sounds clear over both backs and fronts, except in the praecordial region. On the left side, below and between scapulae, voice quite resonant. Expiration loud, with crackling. Over the remainder of both backs, the respiration louder than natural, with prolonged expiration. Respiration in praecordial region decidedly bronchial, with bronco-

phony. Rest of the front chest, like the back. Does not sleep well.

The mixed urine is of a straw color, slightly acid, slightly turbid. Odor faintly urinous. Shaking, after filtration, produces slight frothing. Specific gravity, 1042. Boiling does not produce opacity, but, if long continued, turns it dark, when it gives out a saccharine odor, and becomes sticky. Liquor potassæ throws down a precipitate of phosphates, and after slight boiling shows melassic acid.

Trommer's test indicates sugar in large amount. So does sulphuric acid and heat. So does Capezzuoli's test. Mixed with yeast, fermentation was produced.

Treatment.—R. Ol. jecinoris aselli, $\frac{3}{4}$ ij.; tinct. cinchonæ, $\frac{3}{4}$ vi.; kreasot, gtt. xvi. M. To have $\frac{3}{4}$ ss. twice daily. To have as much drink as he wishes and as much food. The drink to be tea, with milk and sugar; the food to be bread, and broth with meat in it—the regular house diet.

The following is an account, up to Sept. 6th, omitting that of Aug. 30th, which, by accident, was lost. Fractional parts of half pints are calculated with the nearest half pints.

| DATE. | FLUID INGES. | URINE. | DENSITY. | REMARKS. |
|------------|---------------|--------------|----------|------------------|
| Aug. 29th. | Pints, xviii. | Pints, xxii. | 1036 | |
| 31st. | " xiv. | " xxii. | 1037 | |
| Sept. 1st. | " xvii. | " vi. | 1040 | |
| 2d. | " xiv. | " xviii. | 1038.50 | |
| 3d. | " xv. | " xviii. | 1042 | |
| 4th. | " xiii. | " xviii. | 1037.50 | |
| 5th. | " xvii. | " xix. | 1039.50 | |
| 6th. | " xvi. | " xviii. | 1036 | Weight, 117 lbs. |

Sept. 6th.—Pulse 84. Pectoriloquy over left chest, about and below the heart. Voice unusually resonant over whole front. Respiration loud over the whole front, but no crackling anywhere. Respiration cavernous where there is pectoriloquy. Behind, as at last examination. Teeth quite loose. Continue treatment, and use for a wash for gums, acidi tannici, gr. x. to the ounce of water.

| DATE. | FLUID INGESTA. | URINE. | DENSITY. |
|------------|----------------|-------------|----------|
| Sept. 7th. | Pints, xiii. | Pints, xiv. | 1038.50 |
| 8th. | " xvi. | " xviii. | 1036 |
| 9th. | " xvii. | " xxii. | 1038.50 |
| 10th. | " xiv. | " xxi. | 1036 |
| 11th. | " xvi. | " xx. | 1031 |
| 12th. | " xviii. | " xviii. | 1037.50 |
| 13th. | " viii. | " xii. | 1037 |
| 14th. | " v. | " viii ss. | 1037 |
| 15th. | " vii. | " xii. | 1040 |
| 16th. | " x. | " xiv. | 1038 |
| 17th. | " ix. | " xvi. | 1042 |
| 18th. | " viii. | " x. | 1036 |
| 19th. | " x. | " xviii. | 1038 |
| 20th. | " ix. | " xiii. | 1039 |

| DATE. | FLUID INGESTA. | URINE. | DENSITY. |
|-------------|----------------|----------|----------|
| Sept. 21st. | " xiv. | " xviii. | 1039 |
| 22d. | " xiv. | " xviii. | 1034.50 |
| 23d. | " xvi. | " xviii. | 1041 |
| 24th. | " x. | " xii. | 1040.50 |
| 25th. | " v. | " xii. | 1046 |
| 26th. | " ix. | " xii. | 1041 |

The urine of the 10th was quite pale, slightly acid, clear, and abounding in sugar.

11th.—Weight, 117 pounds.

13th.—Urine slightly acid, more highly colored than usual, somewhat turbid. Sugar abundant.

14th.—Urine decidedly acid. Yellowish color more marked. Odor faintly urinous. No cough for two days. From this date, one pint of lemonade to be included in his fluid ingesta.

18th.—Weight, 119 pounds.

21st.—Skin moist. Profuse perspiration at night.

24th, 10 $\frac{3}{4}$, A.M.—Had been walking about and feeling quite as well as usual. Sat down on the bed. Raised first his right hand, then both hands together, with great tremor. Legs extended and stiff. Mouth wide open. Right eye shut; left eye wide open. Pupils directed upwards. Insensible for five or six minutes. This is the account of other patients in the ward. Mr. Lothrop saw him soon after. Found him with dilated pupils; direction normal, but expression vacant. Pulse rapid and quite strong. Profuse perspiration. Answered no questions. Gave him a drachm of wine. 12, M.—Sensible. Perspiration profuse. Skin cool. Has expectorated a drachm of blood. Has no pain, and does not remember the attack of this morning. Pulse 75, full, but soft. Pupils and *hearing* normal. Omit his medicine, and let him have spir. vini. gallici, 5 ss. every three hours.

25th.—Weighs 114 pounds. At 6 $\frac{1}{2}$, P.M., yesterday, had another fit; reported by the nurse to be like the one in the morning. Was seen by Dr. Lothrop five minutes after. Manner then nearly natural. Answered questions slowly, seeming not readily to understand. Could put out his tongue. Pupils dilated, but influenced by light. Surface warm and moist. Pulse 80, full and soft. No pain.

26th, 12 $\frac{1}{4}$, P.M.—Has got about 5 viii. of gin [brought into the ward by some friend], and is drunk and stupid. Perspiring. Pulse 78, full and soft.

27th.—Has perspired very freely. Fluid ingesta, twelve and a half pints. Urine, sixteen pints. Density, 1043.50. Resume medicine.

28th.—Fluid ingesta, nine pints. Urine, twelve pints. Density, 1040. Refuses medicine.

29th.—Still refuses his medicine. Fluid ingesta, six pints. Urine, Vol. LIX.—4*

seven pints. Density, 1039. The urine is more highly colored than usual, and slightly turbid. Sugar still abundant.

| DATE. | FLUID INGESTA. | URINE. | DENSITY. |
|-------------|----------------|------------|------------|
| Sept. 30th. | Pints, viii. | Pints, ix. | 1040.50 |
| Oct. 1st. | " viii. | " x. | 1040 |
| 2d. | " xss. | " xss. | 1042 |
| 3d. | " xi. | " xii. | 1040 |
| 4th. | " xi. | " xiii. | 1039 |
| 5th. | No record. | No record. | No record. |
| 6th. | " | " | " |
| 7th. | " | " | " |

30th.—Urine very yellow. Sugar abundant. Omit all medicine.

Oct. 1st.—Urine pale and slightly turbid. Odor faintly urinous, and decidedly acid. Pulse 84. Perspired freely last night.

2d.—Weight, 116 pounds. Pulse 80. Perspires very freely. Has some cough and purulent sputa.

3d.—Sight and hearing defective. Perspires freely. Appetite good.

6th, 5 $\frac{1}{2}$, P.M.—Pupils dilated, but influenced by light. Eyes suffused. Mouth drawn to right side. Facial muscles on the right side, convulsed. Face turned to the right. Expression vacant. Right arm and leg relaxed and powerless, dropping heavily when raised. Left arm and leg, when raised, retain their position without support. Surface generally cool. Feet and legs cold. Pulse varies from 75 to 80, full and soft, and again small and weak. Does not answer, nor does he appear to see. Has been in this state one hour. To have stimulants, and heat to feet. 6, P.M.—Much the same. Improved during the next half hour. Has just passed his urine in bed. To have half an ounce each of brandy and water every fifteen minutes during the night.

7th.—Replies when spoken to, but gives the same answer to every question. Expression more natural. Tongue slightly coated. Pulse 64, full and soft. Skin dry. Took breakfast as usual. During night, he passed his urine on the floor. Seems as if half drunk, and probably is. 6, P.M.—Swallows with difficulty. Speaks slowly, apparently from want of control over his tongue. Answers more pertinent. No pain. Appetite ravenous. Skin dry. Pulse 72, full and soft. Continue stimulant.

| DATE. | FLUID INGESTA. | URINE. | DENSITY. |
|-----------|----------------|------------|----------|
| Oct. 8th. | Pints, ix. | Pints, xi. | 1036 |
| 9th.* | " ixss. | " xi. | 1034.50 |
| 10th. | " x. | " xss. | 1039 |
| 11th. | " xss. | " xii. | 1039 |
| 12th. | " xiii. | " xii. | 1036 |
| 13th. | " xiii. | " xii. | 1036 |
| 14th.† | " viii. | " vii. | 1037 |
| 15th. | " xiv. | " xii. | 1037 |

* The nurse reports a general convolution in the afternoon.

† Weight, 114 pounds.

| DATE. | FLUID INGESTA. | URINE. | DENSITY. |
|------------|----------------|-------------|----------|
| Oct. 16th. | Pints, ix. | Pints, xii. | 1037 |
| 17th. | " xiv. | " xiii. | 1036 |
| 18th. | " ix. | " xii. | 1040 |
| 19th.* | " xii. | " xiii. | 1036 |
| 20th. | " xiii. | " xiiia. | 1036 |
| 21st. | " x. | " xi. | 1039.50 |
| 22d. | " xi. | " xii. | 1033 |
| 23d. | " x. | " xiiia. | 1038 |
| 24th. | " xiv. | " xiii. | 1034 |
| 25th. | " xi. | " xiii. | 1037.50 |
| 26th. | " xii. | " xiv. | 1041 |
| 27th. | " viii. | " xii. | 1040 |
| 28th. | " ix. | " xii. | 1042 |
| 29th. | " x. | " xiv. | 1039 |

Oct. 28th.—Weighed 114 pounds.

30th.—Since the last visit, he eloped.

From the 28th of August to the 29th of October, his account is as follows, omitting four days when no record was made of his urine.

Time, 59 days; fluid ingesta, 668 pints; urine, 830½ pints; density, 1038.27.

The greatest amount of fluid taken in one day was eighteen pints on the 28th and 29th of August, the 1st, 5th and 12th of September.

The least amount of fluid was five pints on the 14th and 25th of September.

The largest amount of urine passed was twenty-two pints on the 29th and 31st of August and the 9th of September.

The least amount of urine was seven pints on the 29th of September and the 14th of October.

The mean quantity of fluid ingesta was daily 10.98 pints.

The mean quantity of urine passed daily was 14.07 pints.

Greatest density of urine 1046, on the 25th of September, on which day the fluid ingesta were least in quantity, and the amount of urine twelve pints, being little more than two pints below the average amount.

The least density of the urine, 1033, was on the 22d of October, on which day the fluid ingesta were more than a pint above the average amount, and the amount of urine was more than two pints below the average.

On one day only (Sept. 12th) on which the largest amount of fluid was taken, did the density fall below the average, and on this day, as on the other days when the largest amount of fluid was taken, the amount of urine was nearly double the average.

On one of the two days of the least amount of fluid taken, the density of the urine was below the average; on the other, the density was the greatest. On the first of these days the amount of urine was below, on the other above the average.

* Weight, 115 pounds.

The least amount of urine was, upon two days, 3.98 pints below the average. On the first of these, the density was less than a degree above the mean; on the second it was more than a degree below the mean.

BIOGRAPHICAL SKETCH OF THE LATE DR. JAMES DEANE.

[Communicated for the Boston Medical and Surgical Journal.]

At a regular meeting of the Franklin District Medical Society, held at Orange, July 28th, 1858, several of the members made short addresses and appropriate remarks on the life and character of the late James Deane, M.D., of Greenfield, after which the following resolutions were offered and unanimously adopted.

Resolved, That in the death of our late President, Dr. James Deane, a great public calamity has been sustained, which has fallen with especial weight upon this Society, and that we, so lately his associates, have been stricken with deep sorrow at his removal, as by the loss of one of our first members, always distinguished for his faithfulness and efficiency; and yet more, because of the profound respect we entertained for his counsel, the admiration and warm personal regard in which we held his high integrity and his estimable social qualities.

Resolved, That his loss, great as it is to us, must be to his family a much deeper and more painful affliction; that we offer our sympathy, not merely in form and compliance with custom, but as sincere mourners with them under a blow which, from their privilege of closer connection, it is their greater affliction to feel.

Resolved, That a copy of the above resolutions be forwarded to the Boston Medical and Surgical Journal for publication.

Resolved, That a brief sketch of the life and character of the late Dr. Deane be procured for publication in the Boston Medical and Surgical Journal.

In accordance with the above resolutions, I send you them, and also a biographical sketch of Dr. Deane, prepared by Joseph Draper, M.D., of Greenfield. C. M. DUNCAN, M.D., Sec'y.

This eminent man is now no more! Called away in the prime of life, and in the height of his usefulness, his death is most sincerely lamented by all who knew and appreciated him. By this event, the medical profession of his own County have lost their most valued counsellor, the suffering community an invaluable friend, science a distinguished votary, and society a most useful citizen; while to his personal friends and devoted family, his loss can never be supplied, and consolation under this severe affliction can be found only in the bright prospect of a happy re-union beyond the grave.

This remarkable man was born in the town of Coleraine, in this County, and was, at the time of his death, but 56 years of age. He was one of a large family of children, and his parents were in but moderate circumstances. Taught early to rely upon himself, to his own persevering and untiring industry is due his subsequently-marked professional success, and the high reputation he enjoyed as a scientific discoverer.

He commenced the study of medicine in the year 1828, and graduated at Columbia College, New York, in 1831. He immediately settled in Greenfield, where he continued to reside until his death.

As a physician and surgeon, his character was such as many may aspire to imitate, but few attain. His practice, small at first, continued yearly to increase, until at the time of his death, his ride was not limited to his own County or State, but his opinion in consultation, or skill in surgery, often called him many miles into the neighboring States of Vermont and New Hampshire as well as into Western Massachusetts. As an operative surgeon, he was particularly distinguished. Having ever in view the welfare of his patient, he aimed not at display, and never compromised his success by any show of dexterity. His calmness and courage never forsook him under the most trying emergencies, and few indeed were the operations in surgery he had not at some time performed.

Ovariotomy, lithotrity and tracheotomy were more than once performed by him, and operations for the removal of the parotid gland, cancer, varicocele, ligation of arteries for aneurism, amputations, &c., were often performed by him with signal success.

In diagnosis he excelled, and his opinion in difficult cases was often demanded. His judgment was justly held in high esteem, and he always manifested the utmost delicacy of feeling, together with spontaneous sympathy.

In personal appearance Dr. Deane was no ordinary man. He stood full six feet high, and was otherwise symmetrically proportioned. His head was of massive size, and every feature beamed with intelligence. He moved with true native dignity, and his manners were those of the true gentleman. No one was ever more unassuming than he; popularity he never courted, and ever regarded quackery with the most thorough contempt. That he had faults we pretend not to deny—all have—but we believe him to have been ever actuated by the purest principles of religion, and the earnest desire to do good to the sick and suffering, wherever he might meet with them. For his social and domestic virtues, Dr. Deane was eminently distinguished.

Fortunate, indeed, were those whom he received under his care as pupils, and whose privilege it was to claim him as their preceptor. In his death they are called to deplore the loss of a most true and disinterested friend and wise counsellor, one who was himself a bright ornament to his profession, who truly loved it, and whom they must ever feel proud to imitate.

As a geologist, Dr. Deane was eminently known, not only here but across the Atlantic.

Until within a few weeks of his death, Dr. Deane enjoyed his accustomed uninterrupted good health. He first complained of headache, accompanied with inaction of the liver and costiveness,

which gradually increased rather than yielded, until he was attacked with fever, which terminated his labors. For the relief of these disorders he was averse to taking medicine, seeming to regard them as of too little importance to require medical treatment; and to the earnest solicitations of his family, who saw him daily growing worse, he frequently replied that "he should feel better when the warm weather came." He continued declining, however, day by day. At evening he would throw himself upon his sofa, as if greatly fatigued, without having labored so hard as might be supposed to account for his weariness, and he would be unable to recall the events of the day.

The last few days preceding his confinement to his room, he was very much pressed by the calls of business, and consequently much deprived of sleep. The advent of acute disease was marked at the outset by delirium and a violent chill. Typhoid symptoms immediately supervened. He was attended during his illness by the neighboring physicians, and visited also by Drs. Bigelow and Bowditch, of Boston. No medicine ever seemed to reach his disease, and there was no effort of the system to rally from the attack. Its progress was steady, and relaxed not its hold, until the strong man, who had so often stood in the chamber of the sick and dying, now lay upon his death-bed. Surrounded by an affectionate and afflicted family, and friends who most deeply and sincerely mourned his departure, the soul of this great and good man took its flight to the world of spirits!

He died a few minutes before 12 o'clock, on the night of the 8th of June.

Dr. Deane was all his life a most zealous student and hard laborer in the field of scientific discovery, and had nearly completed a geological work, to be published by the Smithsonian Institute, the illustrations of which were drawn with his own hand, upon stone, and with astonishing correctness. When published, it will be a valuable contribution to geological science, and forever fix his reputation as the discoverer of the sandstone fossils of the Connecticut Valley.

Considering that Dr. Deane commenced his studies so late in life, and was taken away so early, we cannot but express our surprise that he should have accomplished so much in so short a time. His life, a history of which is embodied in an eulogy, delivered by Dr. Bowditch, August 4th, 1858, before the members of the Franklin District Medical Society, and the citizens of Greenfield and vicinity, will be read with interest by all who knew him, as well as by those who had not the pleasure of a personal acquaintance.

ON FLUID EXTRACT OF VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

THERE are no officinal preparations of the root of the American Hellebore. A formula, however, is found in the United States Dispensatory, for preparing an alcoholic tincture, given as that adopted by Dr. Norwood, of South Carolina, for his tincture. The preparations of this root, for sale in the market, are three—tincture, concentrated tincture and fluid extract. The first is simple and easily made. According to the authority above given, eight ounces of the dried root are to be macerated for two weeks in a pint of alcohol, then strain or filter off the tincture. The concentrated tincture, so labelled, appears to be the common alcoholic tincture, with a portion of the alcohol distilled off.

A number of experiments have been made with this root, with reference to separating the alkaloidal principle, under the supposition that this was the active principle of the plant, and that it would be found identical with veratria from *Veratrum sabadilla*. Although an alkaloid has been repeatedly isolated, it does not appear to be established that it is identical with veratria, and however active this principle may be, it certainly does not possess all the therapeutic power of the root. Veratrum yields this principle to water, but the infusion of the root, although containing it, does not possess the activity of the alcoholic tincture. The difference is due to the presence in the latter of a resin, which is yielded by the root to the officinal diluted, or pure alcohol, but not to water alone.

This resin, when pure, is of a dark color, appearing black when in mass, but leaving a brownish stain upon white paper. It forms a light, brownish powder, is sternutatory, acrid to the taste, affecting the mucous membrane of the mouth in a manner similar to aconite. A sample of this resin I send with this paper.

The proximate principles of veratrum root, then, appear to belong to two classes—alkaloidal, soluble in water, and resinous, soluble in alcohol. Generally, plants of this nature will yield to officinal diluted alcohol both classes of principles, and therefore when devising a formula for fluid extract of veratrum viride, I made choice of this menstruum. I tried the following simple experiment

one I am in the habit of trying before finally making choice of a menstruum. Eight ounces of coarsely-ground veratrum root were steeped for forty-eight hours in diluted alcohol, then transferred to a percolator, and diluted alcohol allowed to run through slowly, until the strength was exhausted. The root was then taken out, and dried at a gentle heat. Four ounces of this dried root were then steeped in water, which, upon evaporation, yielded a little inert vegetable matter. The other four ounces, having been steeped in alcohol, gave, upon evaporating the resulting tincture, no appreciable residue, while in the original diluted alcoholic tincture were found the desired principles.

Finding, by experiment, that diluted alcohol extracts the virtues of veratrum viride, I have chosen it as the proper menstruum for making a fluid extract, and propose the following formula: Take of veratrum viride, bruised, $\frac{5}{3}$ xvi.; diluted alcohol, q. s.; alcohol deodorized, $\frac{3}{2}$ vi. Macerate the root in diluted alcohol for forty-eight hours, occasionally stirring or loosening up the mass. Transfer to a displacement apparatus, and allow diluted alcohol to run through until the resulting tincture shows by the absence of color, taste and smell, that the strength is exhausted. Evaporate the tincture carefully in a water bath, beginning with the weaker portions first, until the whole measures ten ounces. Lastly, add the alcohol, taking care to re-dissolve any resinous precipitate which may have formed. Should the operator wish the extract sweetened, add, previously to evaporation, three ounces of refined sugar.

As thus prepared, fluid extract of veratrum viride is of a dark brandy color, possessing a peculiar flavor of the root. Each drop is equivalent to a grain of the root. The dose of this preparation, as a sedative, is one drop, to be cautiously increased. Although forming an emulsion with water, showing the presence of resin, it may be given in mixture with it, or with milk, which forms for it an excellent vehicle. I send a sample of the fluid extract here described.

Very respectfully, HENRY THAYER, M.D.

Cambridge, August 16th, 1858.

FATAL POISONING FROM EATING TOADSTOOLS.

[Communicated for the Boston Medical and Surgical Journal.]

BY J. M. HARLOW, M.D.

MESSRS. EDITORS.—If you regard the following case of sufficient interest to the medical profession to merit a place in your JOURNAL, you are at liberty to make such use of it as you deem best. The history of the case is briefly as follows.

The family of Mr. James Musgrave, an Englishman, consisting of himself, his wife, and two children (a boy aged 10 years, and a girl aged 7), were poisoned on the evening of Tuesday, the 27th ult., by eating fried mushrooms. The result was the death of the two children, and decided symptoms of poisoning in the parents. It appears that the family had been in the habit of eating mushrooms in England, and were not aware that there were many poisonous varieties of the plant. The mother states that she cooked as many as fourteen of them, and that some of them were quite as large as the top of a saucer, and that the most of them were eaten, the children partaking very freely. They were eaten at supper, on Tuesday evening. None of the family experienced any inconvenience in consequence, until some time in the morning of Wednesday, the 28th, when the girl complained of a pain in the occipital region, with dizziness and nausea, and vomited frequently

during the day, but she kept about the house most of the day and passed a tolerable night. Up to this time the other members of the family had not experienced much uneasiness of any kind, excepting some vertigo.

On Thursday, the 29th, all the symptoms before mentioned appeared in an increased degree, to which were added purging, excessive thirst, pain in the stomach and bowels, along the spinal column and in the ankles, with clonic spasms and occasional delirium, incoherent talking and muttering. The little sufferer passed a disturbed night, with, so far as I can learn, about the same symptoms constantly increasing in degree, having lucid intervals and intervals of rest. Toward morning, in the wildness of her delirium, she rose from her bed and walked into the garden. At length, worn out with suffering, she sank into a profound coma, and expired at 1 o'clock on Friday afternoon. No physician was called until Friday forenoon, when Dr. Rhodes, of this city, was invited to see her, but only arrived at the bedside of the unfortunate girl to witness the closing scene.

On Thursday, the father and the boy began to complain. He was obliged to leave his work because of dizziness, and said he felt like an intoxicated person. He vomited, once or twice during the day, had some diarrhoea, and complained of pain in the back of the head, and in the ankles. The mother was similarly affected on Friday morning, but both father and mother, being so interested in the state of the children, thought little of their own condition so long as they were so fully occupied. The boy began to purge on Thursday afternoon, and vomited occasionally during the night, the purging increasing very much on Friday. Dr. Rhodes was requested to examine him. He gave him an emetic of antimon. et potass. tart., which operated freely. The emetic was followed by a cathartic. The boy exhibited nearly the same train of symptoms as the girl from this time until he died—extreme restlessness, thirst, spasms, vomiting, purging and wild delirium. Some time during the latter part of the night Dr. R. gave him a portion of morphia to quiet the restlessness, which was all I was able to learn in regard to the treatment or the progress of the case up to Saturday morning.

The preceding history, imperfect as it is, is all I could obtain from careful inquiries of both the attending physician and the family. At 9 $\frac{1}{2}$ o'clock, A.M., of Saturday, the 31st, I was requested to visit the afflicted family in consultation with the attending physician. I found the patient in the following apparently hopeless condition. Decubitus upon the back, inclined to left side; skin about the mouth, face, head and neck of a slightly livid hue; the whole surface of the body of normal temperature; patient entirely unconscious; respiration stertorous, and ten per minute; pupil contracted, but the globe of the eye not fixed; tongue dry and swollen; the surface covered with inflamed patches; spasmodic

jerking of the muscles of the extremities, and tonic contraction of the dorsal and lumbar muscles, amounting to decided opisthotonus; abdomen tympanitic; pulse 110 and irregular. Prognosis, unfavorable. Advised, that if proper to do anything in such an extremity, stimulants should be given internally, and the most powerful counter-irritants applied along the spine and over the stomach and abdomen—brandy and milk, by the mouth and by enema, and sulphuric ether; all of which were assiduously applied, but without any good effect whatever, the patient expiring at a few minutes before noon, or in two hours after I saw him.

In conclusion allow me to make one or two remarks. I have little doubt that both these children might have been saved, had rational medical treatment been resorted to sufficiently early. Though there is no antidote that I am aware of, still the indications were sufficiently plain for any one to follow. Probably they used several varieties of the fungi. The specimen shown me by the father, and said to be like those used, resembles the *Agaricus Campestris*, which is said to be innocuous, but I believe it belongs to the section *Amanita*. It is somewhat singular that a poison capable of producing such fatal effects should not manifest itself sooner. The father and mother have both recovered, being but slightly affected. Another singular fact in regard to this genus of plants is, that the edible varieties become poisonous when they grow in low moist situations. It appears that the plant is a powerful irritant and acro-narcotic, and when used in a moderate degree is capable of producing those delightful impressions upon the nervous system so much courted by the debauchee. Pereira informs us that some of the inhabitants of North Eastern Asia use the fungi for producing intoxication, and that the fit of debauch is often prolonged by the subject of it drinking his urine, in a few hours after eating the plant. Also, that the intoxication can be transmitted through five individuals, the second drinking the urine of the first, the third that of the second, and so on.

Stillwater, Minnesota, August 7th, 1858.

BELLADONNA IN ARRESTING THE SECRETION OF MILK.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS.—In the number of your JOURNAL for August 5, I noticed two communications upon the efficacy of the extract of belladonna in arresting the lacteal secretion, which hardly seem to present much positive proof—or at least *such* proof as is usually requisite to establish the efficacy of any drug.

Several months ago, I saw the suggestion in your JOURNAL, and since that time have used the extract of belladonna in four cases; in the first three it gave satisfactory results, but they were mild ones, and there was no reason to suppose that the secretion would

not have been arrested without medical interference. The fourth case was of a different nature, and one well calculated to test the efficiency of the remedy. Two months since, I was consulted by Mrs. F., on account of a "nursing sore mouth," and an inordinate lacteal secretion. I directed her to use a solution of chlorate of potash and saline purgatives, together with the external application of extract of belladonna, and the use of a nourishing diet. This treatment was continued for ten days. At the expiration of this time, as the mouth grew worse, resisting all remedial measures, and as her strength was failing rapidly, I advised the weaning of the child, and continued the use of the belladonna for two weeks longer, without any sensible diminution of the secretion. I then became convinced of the inutility of the drug in the case in question, which was one of well-marked "galactorrhœa."

Of all the cases in which I have used belladonna, the last seemed to be the only one suitable for testing its efficiency—as it is only in cases of such a nature that the aid of a physician is needed. In most cases of nursing women, little or no remedial treatment is required; and in those belladonna may be as efficacious as any other article in the *Pharmacopœia*, and my experience convinces me that it is no more so.

In the reports of Drs. Seyfarth and Harris there is nothing to show that their cases were those of genuine "galactorrhœa," or would not have yielded to the ordinary remedies; but in the case of Mrs. F., above cited, she had been under the care of a physician in an adjoining town, who had tried all the usual remedies, but without success.

I do not write in the spirit of a medical skeptic, on this point, but simply detail the effect of belladonna in my hands, as it is only by the collection and collation of facts that the science of medicine is to be advanced.

CHAS. H. SPRING, M.D.

Holyoke, Mass., Aug. 6th, 1858.

ON THE USE OF THE SPECULUM IN UTERINE DISEASES.

[An esteemed correspondent, distinguished for his signal devotion to "rational medicine," and whose successful practice demonstrates his faithful appreciation of the combined powers of "Nature and Art in the cure of Disease," desires us to re-publish the following article, cited in *Braithwaite's Retrospect* for July last. Our friend has seen, he says, the abundant evils of the practice it condemns, in his own neighborhood.]

In the last volume of "Medico-Chirurgical Transactions," Dr. Lee published the details of eighty cases in which the speculum and caustic had been employed by other practitioners, which, with 220 cases previously published, make up 300. Upon the use of this instrument he remarks:—

" Of these 300 patients, 47 were unmarried, one had barely completed her eighteenth year; there were several under twenty, and the greater number under thirty years of age, and were suffering from hysteria, leucorrhœa, dysmenorrhœa, or some nervous affection of the uterus, without inflammation, ulceration, or any structural disease, or displacement of the organ. In one case, the patient had been informed that the womb was prolapsed and much ulcerated, and some instrument had been introduced daily for six weeks, by a physician extensively engaged in the treatment of uterine disease, and great expense incurred, with an aggravation of all the symptoms. In this case I found the hymen so perfect that it was impossible to reach the os uteri without employing an unjustifiable degree of violence. On the ground of morality, and on every other ground, the employment of the speculum in these 47 cases could admit of no defence.

" Of these 300 patients, 70 were barren, and the sterility was not removed, nor the hysteria, leucorrhœa, or disordered menstruation, under which the greater number were laboring, in a single instance relieved, or any benefit obtained. The injurious effects of a long course of speculum and caustic treatment upon the moral feelings and character of several of these individuals were not attempted to be concealed, the treatment being spoken of with horror and shame.

" Of these 300 patients, there were a considerable number suffering from cancerous disease of the uterus, in all of which the symptoms were increased by the introduction of the speculum, and the application of caustic or the actual cautery to the ulcerated vagina, and os and cervix uteri. In one case, though the carcinomatous ulceration was in an advanced stage, and the nature of the disease obvious to the most inexperienced, after an examination with the speculum, a false prognosis was given, and iron heated to a white heat in fires of coke, was for months passed through the tube, and delusive hopes of recovery held out to the last, and the pecuniary concerns of the husband involved in irretrievable ruin by the charges, medical and surgical, incurred by such unscientific, unprofessional, and unprincipled proceedings.

" Neither in the living nor the dead body have I ever seen a case of simple ulceration from chronic inflammation of the os or cervix uteri, and to apply the term ulceration to states of the os uteri in which the mucous membrane, or, as it is termed by some, the basement membrane, is not destroyed by ulceration, is an abuse of language calculated only to deceive and mislead the members of the medical profession, from whom the truth has been carefully concealed. The speculum emanated from the syphilitic wards of the hospitals of Paris, and it would have been better for the women of England had its use been confined to those institutions."

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JULY 26th.—*Fibrous Tumor of the Stomach.* Dr. C. E. WARE reported the case.

The patient was an Irishwoman, 56 years of age, who came under his care at the Hospital, with symptoms of cardiac and renal disease. She had œdema of the face and lower extremities, the physical signs of effusion into one pleural cavity, œdema of the opposite lung, and extensive dulness over the cardiac region, extending downward and inward. Both sounds of the heart were feeble at the time of entrance at the Hospital, and after five days the first sound was entirely wanting, and there was no murmur and no irregularity in the pulse. The urine was albuminous, and contained casts of tubuli. Excepting a little nausea, which she attributed to the motion of the carriage, on her way to the Hospital, she had no symptoms which could be referred to the stomach, and none had appeared since her entrance. The abdomen was somewhat full, partly from effusion, and partly from tympanitis. A tumor could be felt on the *left side*, on a line with the crest of the ilium, between that and the umbilicus, nodulated and irregular on its surface, and yielding under pressure. It could be traced down deep into the iliac region.

The woman, some years since, had had rheumatism. For eight months her health had been failing. Pain across the region of the kidneys was her principal source of discomfort. For six weeks she had been suffering from dyspnoea, and swelling and pain in the lower extremities. She sank rapidly under the pulmonary effusion, and died.

Section Cadaveris, by Dr. ELLIS.

The head was not examined.

Universal old adhesions of the pleural surfaces on the right side. False membrane quite œdematosus. Old adhesions also near the apex of the left lung. The pleural cavity below contained thirty-six ounces of serum.

Upper lobe of the right lung crepitant but œdematosus. In the lower lobe was an apoplectic effusion about an inch and a half in diameter. Below this, the substance for some distance was of a dull-red color and solidified, but did not present the usual appearance of pneumonia. On microscopic examination, the latter portion was found to contain much blood, and many minute globules like those of fat; also a few of the so-called inflammation-corpuscles.

The lower lobe of the left lung, with the exception of the anterior edge, was so compressed that it contained no air. The remainder of the lung was healthy.

The pericardium contained about the usual amount of serum.

General hypertrophy of the heart, most marked in the walls of the left ventricle. Weight $15\frac{1}{2}$ ounces.

Most of the coagula seen were soft, black, and recent, but the appendix of the right auricle was filled with what appeared to be an older formation. Firmly attached to the anterior wall of the left ventricle was a small, yellow or reddish fibrinous mass, evidently quite old. Examined microscopically, it presented the granular appearance of coagula of some age.

Slight atheromatous disease of the aorta and mitral valve.

The liver was mostly of a dark-yellow color, but in many parts remarkably vascular. The blood, however, was not so distributed as to give to the organ the uniform mottled appearance of the nutmeg-liver, but occupied certain irregular portions only, where it had a somewhat arborescent arrangement. Examined microscopically, the cells appeared to contain many minute, yellow globules, to which the color of the organ was evidently owing. Beneath the upper surface was a small, white, fibroid nodule, between two and three lines in diameter.

The gall-bladder and its contents were not remarkable.

Spleen quite firm and of the usual size.

Each kidney contained a number of serous cysts, the largest about half an inch in diameter. The right was considerably smaller than the left. Weight of the former, 4 oz.; of the latter, 5½ oz. Beneath the external surface of the left, extending into the substance from the convex edge, was a dense, yellowish substance, like old lymph, perhaps an inch long, and half an inch broad, and rapidly diminishing in size before it reached the tubular portion, which was to some extent involved. Small, detached portions of the same were seen in the neighborhood of the one described, but the whole occupied but a small part of the organ. The limits of the cortical and medullary portions, elsewhere, were not so well defined as usual.

The right kidney was granular internally, and the substance had an unhealthy appearance, difficult to describe.

In the parieties of the stomach, occupying the large curvature and anterior wall, was an exceedingly firm, irregularly-oval, nodulated tumor. A small portion of the external surface was of a yellowish-white color, and had an almost cartilaginous appearance. The mucous membrane of the stomach extended over the part, which projected internally. At several points were cavities, caused by a loss of substance. The largest of these, about half an inch in diameter, contained a brownish slough and extended quite deeply into the tumor. On incision, the growth was found to be very firm, of a whitish color, and presented an indistinct fibrous appearance. Examined microscopically, it proved to be purely fibroid in character.

The mucous membrane of the stomach was everywhere of a bright red color, particularly over the tumor.

The large intestine contained much fecal matter. The mucous membrane everywhere, but particularly in the cœcum, was deeply injected and even ecchymosed. The blood, however, mostly disappeared on pressure.

The other organs were examined and found healthy.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 26, 1858.

THE PRACTICE OF MEDICINE IN THE NINETEENTH CENTURY.

THE practice of medicine in the nineteenth century is a vastly different thing from what it used to be; and the same is true of it in this particular part of the century, as compared with its earlier periods.

Although still an imperfect system, the science has, of late years, grown with a rapidity which has astonished its cultivators, while it has immeasurably benefited humanity. Studies, pushed in every direction which could at all enlarge its domain, have been rewarded in a manner corresponding with the unflagging zeal which instituted and still continues to prosecute them. No longer a routine-system, the elements of sound common-sense and the revelations of Nature's *arcana*, illustrated and applied by Art, have revolutionized the healing of "the ills which flesh is heir to"; and, in many almost desperate cases, the patient survives by the aid of the physician or surgeon, through the blessing of Providence upon their efforts, whereas it was at one time by no means a slanderous accusation to intimate that he lived in spite of them, or even died by their hands!

If there are many discreditable persons who *profess* to practise medicine, and thus injure honest physicians in the estimation of the community—too often not disposed, even when they easily might, to take the time necessary to discriminate between truth and falsehood in respect to remedial measures, and those who apply them—let us not flag nor be discouraged. Let us rather look all the more frequently to the bright examples and dignified bearing of the revered representatives of the profession who have passed away, and with ever increasing regard upon those who are still with us; and seek to bind together the whole band of the good and true men as they don their armor, honoring and cherishing all such until they put it off forever.

A few words to the people at large, in this nineteenth century, are not inappropriate in this connection. You will, all of you, sooner or later, be ill, more or less seriously—this is the acknowledged lot of mortals—you will then seek for somebody, or something, to relieve you; you will either go to the true physician, who, with all his energy and to the best of his constantly-accumulating knowledge, yet without pretension, devotes himself to the care of the sick, or you will be caught by some flaming hand-bill or inflated newspaper-laudation, which everywhere stamp the shameless empiric—you will be discreetly, cautiously, yet resolutely managed and attended, in your invalid state, by the first, or you will swallow oceans of the fluid, and mountains of the solid *nostrums* of the latter—the former endeavors to benefit you, regardless of reward—the latter *works upon you* while your money lasts, or if you are wealthy, whilst you choose to support him in his pretensions. If you see fit to employ the quack, you are, of course, at liberty to do so, and one of two results will follow; viz., you will mercifully be spared, to get through, by force of constitution and God's benevolence, your ignorant experimenter's round of doses—or you will come to your senses, or to your purse's end—and then you will turn in your despair to those, who, had you given them the early, golden opportunity to treat your case—which you threw away upon the quacks and "patent medicines"—would have had an opportunity to relieve you—perhaps to lead you to entire recovery. If, when you do come to them, penniless or not, the task you set them is the more difficult to do, reflect that the fault is *yours*, not theirs, and do not make their labor still more irksome by grumbling, and reviling genuine medical Art. It is honest advice, and you will find your account in it, sooner or later—choose an educated, conscientious physician—one who both fears God and regards man—one

will make himself your friend, and know you in health as well as in sickness—who recognizes the trust you repose in him as sacred—and when you have made your selection, *stick to him*, don't give him up on caprice. It should be a weighty thing which should lead you to discharge from your friendship and service one, who, while such as we have described him, is *a necessity* to you, even if you do not know it.

We lately met with some sentiments *apropos* to this subject in a volume by Henry Morley, Esq., the matter of which was originally published in "Household Words." We wish many of them could be made literally to take the position and have the influence that title implies. We present a few, in illustration.

"The studies connected with the practice of medicine have so much in them of truth and vitality, of real and deep philosophy, that it is impossible for them not more or less to enlarge, strengthen, and at the same time refine the mind." * * * "I have very good reason to know that the profession would shine more than it does, if public ignorance did not eat into it like a rust." * * * "Ladies and gentlemen, you will certainly benefit yourselves, if, when you select your own attendants from the coming race of medical practitioners, you look less to tact and exterior manner, and institute a strict search after skill and merit. Attend, I entreat you, less to the recommendation of your nurses and your neighbors, and prefer rather physicians who have obtained honor among men really qualified to pass a verdict upon their attainments." * * * "Most of the really first-rate medical practitioners, indeed, who have obtained large practices, had manner as well as matter in them, tact as well as talent." * * * "I think there would be more study among pupils, and a great deal less that is disreputable among the practices of surgeons and physicians, if we all knew that the public took some pains to judge us on our own respective merits." So do we.

THE HYPOPHOSPHITES OF LIME, SODA, &c., IN CONSUMPTION.

A CORRESPONDENT writes from Westerly, R. I., for "reliable information" in regard to the use of the hypophosphites of lime, soda and iron in the treatment of phthisical cases. For ourselves, we can say but little in regard to the efficacy of these preparations, on account of the comparatively short time they have been in use. In some half dozen instances, we have thought we perceived a certain amount of improvement whilst the patients were using the medicine. In two cases of threatened phthisis, very marked benefit followed the employment of the hypophosphites; how much is to be attributed to hygienic precautions—as the avoiding of exposure to taking cold, the wearing of proper clothing, and the use of suitable food, &c., it is impossible to say. In these, and a few cases where patients were in the condition popularly known as "run-down," and where the nervous power seemed to need reinforcement—and which we are assured the medicines in question will effect—we have attributed a certain amount of the decided improvement noticed, to their action.

The preparations are, we believe, having a somewhat extended trial—which is what is needed to fully test their qualities. Those who try them, should carefully note their apparent action, or state their inertness—and thus we shall by and by arrive at satisfactory conclusions.

We observe that Dr. Richard Payne Cotton, in a communication to

the *Medical Times and Gazette*, February 13th, 1858 (quoted in *Braithwaite's Retrospect*, Part XXXVII., pp. 74-75—just re-published in this country), comes to the conclusion that the hypophosphites, as recommended by Dr. Churchill, have no specific influence in curing phthisis. "Phosphorus," he remarks, "is a well-known and apparently necessary constituent of all healthy nerve-structure; and in some conditions of low nervous vigor, its medicinal employment may be of great service. We find that it enters largely into the composition of the most nutritive kinds of grains; and we may be quite sure that it is not placed there without a purpose." In another part of the communication, the writer says: "It is very possible that the compound of phosphorus proposed by Dr. Churchill, may in some cases have a tonic and beneficial influence; but to any 'specific' action upon tuberculosis it seems to have no claim."

Within a few days, a medical friend has told us of an instance of incipient phthisis, in which Dr. Churchill's treatment is thought to be working wonders. The relatives of the patient consider it the discovery of the age.

Treatment of Diarrhoea with Raw or Half-cooked Mutton and Veal.
By M. PENSA.—The following translation, furnished by a correspondent who has frequently favored us with valuable communications, is well worthy of the attention of the profession. We are cognizant of one instance of aggravated dyspepsia, wherein benefit was derived from the use of raw meat. Former communications upon the subject in this JOURNAL, will recur to our readers. The translation is from the *Gazette Médicale de Paris*, June 19th, from the *Gazetta Medica Italiana (Toscana)*.

"A little girl, a year old, was taken with diarrhoea during the cutting of her first molar teeth. The mother, who nursed her, fell sick and was obliged to wean her. At once the diarrhoea was greatly aggravated, accompanied by fever and intense thirst.

"In a few days the diarrhoea changed to dysentery, with very frequent and very painful bloody stools. A variety of anti-diarrhoea medicines were tried without benefit.

"The condition of the child was growing worse, when M. Pensa ordered boluses of raw meat, cut fine, and rolled in powdered sugar, to be given. These boluses were of the size of a filbert, and were given, four or five of them, every four or five hours. The only drink allowed was a little aromatic water.

"The next day the improvement was decided. On the second day there were but two loose stools, without blood. The improvement, in short, was marvellously rapid. At the end of a week the child was well.

"Three other observations, by the same author, made upon adults, testify to the anti-dysenteric property of raw, or nearly raw, meat."

A.

Braithwaite's Retrospect.—We are requested to say that the July number of *Braithwaite's Retrospect of Practical Medicine and Surgery* has been mailed to all the Fellows of the Massachusetts Medical Society who have paid their assessment for the current year. Those who have not paid can receive their number by forwarding the amount to the acting treasurer, Dr. A. A. Watson, Boston.

Changes in the Hospitals of Paris.—The death of Baron Phillip Boyer, one of the surgeons of the Hotel Dieu (and son of the great Phillip Boyer), which took place in April last, has given rise to many changes in the surgical service of the hospitals of Paris. M. Robert, the chief surgeon of Beaujon, succeeds to Boyer's place in Hotel Dieu. Malgaigne, Prof. of Operative Surgery in the School, and the surgeon of St. Louis, is now at Beaujon in Robert's place. Richelet, a young man of much promise, and for some time the surgeon of St. Antoine, is transferred to Malgaigne's place in St. Louis. Morel-Lavalee, Surgeon of Lourcine, takes Richelet's place at St. Antoine. Some of our readers who have had the pleasure of spending some time in Paris in following the service of the above-named gentlemen, will no doubt have many pleasant memories called up in reading this little article.—*Cincinnati Lancet and Observer.*

Opium Eating.—Dr. W. H. Myers, of Londonville, Ashland Co., Ohio, is appointed by the Ohio State Medical Society to report upon the *Habit of Opium Eating*, and solicits communications—"upon the number of cases observed—causes leading to excessive use—length of time had recourse to—amount consumed in twenty-four hours—cures effected, if any—treatment pursued. *Querries, Does it shorten life? Its effects upon moral conduct? Its effects on mental action?*—*Idem.*

Chlorate of Soda as a Substitute for Chlorate of Potash.—M. Gueneau de Mussy states, in the *Revue Medicale*, that, struck by the solubility of chlorate of potash, he substituted chlorate of soda for it, as the latter salt is much more soluble than the former. The taste of the chlorate of soda is, besides, less disagreeable than that of the other salt, and can also be given in a small quantity of vehicle. M. de Mussy has given the chlorate of soda in several cases of diphteria with uniform success.—*London Lancet.*

Death by the Inhalation of Chloroform in Paris.—A patient who was about to have a testicle removed at the Military Hospital of Gros Caillou at Paris, died a few days ago from the effects of the inhalation of chloroform before the operation was commenced.—*Idem.*

Corrosive Collodion in Nævus.—Dr. Cosfield reports, that he had derived great benefit from the employment of this substance (corrosive sublimate one part, and collodion eight parts) in the treatment of nævus. The eschar falls off from the tenth to the fourteenth day, and is not followed by suppuration. No pain is produced, and scarcely any cicatrix is left. For very small nævi one penciling is enough, but in larger ones this has to be repeated; and in these it is best to effect their destruction gradually.—*Berlin Med. Zeitung—Medical Times and Gazette.*

Health of the City.—There are 95 deaths recorded for the past week; and of these, the large number of 30 is due to cholera infantum. There were 39 deaths, last year, at the same period, from this disease. A reliable, practical treatise upon this summer scourge, is yet a desideratum. Consumption, as usual, maintains "the even tenor of its way," there being 12 deaths this year to 15 last, during the corresponding weeks. There were 9 deaths more, this week, in 1857 than in 1858 at the same time.

ERRATUM.—In our last issue, page 67, fifteenth line from the bottom, for "kerannographic" read *keratographic*.

Books and Pamphlets Received.—*Human Cestodes. An Essay on the Tape-Worms of Man, &c.* By D. F. Weinland, Ph. D.

DIED.—In Somerville, 19th inst., Clifford Dorr, M.D., 52.

Deaths in Boston for the week ending Saturday noon, August 21st, 95. Males, 42—Females, 53—Anæmia, 1—Inflammation of the bowels, 2—burns, 1—consumption, 12—convulsions, 4—cholera infantum, 30—cholera morbus, 1—croup, 1—dysentery, 2—diarrhoea, 1—dropsy, 2—dropsy in the head, 7—drowned, 2—infantile diseases, 7—crysiphelias, 2—bilious fever, 1—scarlet fever, 2—typhoid fever, 1—disease of the heart, 1—intemperance, 2—Inflammation of the lungs, 1—marasmus, 2—measles, 1—old age, 1—sore throat, 1—disease of the spine, 1—stricture of the urethra, 1—thrush, 1—unknown, 2—Whooping cough, 2.

Under 5 years, 60—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 6. Born in the United States, 74—Ireland, 16—other places, 8.